

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Campbell for Congress

ADDRESS (number and street)

4590 MacArthur Blvd., Suite 500

☐Check if different  
than previously  
reported. (ACC)

Irvine

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412312

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

CA

48

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

06

06

2006

in the  
State of

CA

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

05

17

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

05

25

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Campbell for Congress

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 5D D  
1 7Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	28541.93	139105.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28541.93	137905.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3149.76	186155.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1905.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3149.76	184250.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	58332.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	403595.76	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Campbell for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	1	7	2	0	0	6

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

1843.93

51280.62

(ii) Unitemized.....

100.00

3950.00

(iii) TOTAL of contributions

from individuals..... ▶

1943.93

55230.62

(b) Political Party Committees.....

98.00

588.00

(c) Other Political Committees  
(such as PACS).....

26500.00

83287.35

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

28541.93

139105.97

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....**

0.00

1905.26

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶**

28541.93

141011.23

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3149.76	186155.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS.....	0.00	12625.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ➤	3149.76	199980.41

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32940.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	28541.93
25. SUBTOTAL (add Line 23 and Line 24).....	61482.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3149.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58332.35

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

A. AFLAC Inc. PAC

Mailing Address 1932 Wynnton Road

City State Zip Code  
 Columbus GA 31999-0000

FEC ID number of contributing  
federal political committee. **C** C00034157

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60523.C6223

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. AT&T, Inc. Federal PAC

Mailing Address 175 E. Houston, Room 7-A-50

City State Zip Code  
 San Antonio TX 78205-0000

FEC ID number of contributing  
federal political committee. **C** C00185124

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 60523.C6224

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Independent Insurance Agents PAC

Mailing Address 412 First Street, SE, #300

City State Zip Code  
 Washington DC 20003-0000

FEC ID number of contributing  
federal political committee. **C** C00022343

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 6

Transaction ID: 60523.C6227

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Assn of Insurance & Financial Adv.

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042-0000

FEC ID number of contributing  
federal political committee. **C** C00005249

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special General  
2005

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60523.C6220

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Natl Assn of Insurance & Financial Adv.

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042-0000

FEC ID number of contributing  
federal political committee. **C** C00005249

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60523.C6221

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Natl Federation of Independent Business

Mailing Address 1201 F Street, NW, #200

City State Zip Code  
Washington DC 20004-0000

FEC ID number of contributing  
federal political committee. **C** C00101105

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special General  
2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60523.C6222

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Natl Venture Capital Assn PAC Mailing Address 1855 N. Fort Myer Drive, #850 City State Zip Code Arlington VA 22209-0000 FEC ID number of contributing federal political committee. <b>C</b> C00150367 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Election Cycle-to-Date ▼ <div style="text-align: right;">1500.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y              0 5 / 1 7 / 2 0 0 6         </div> <b>Transaction ID:</b> 60523.C6231 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) National Multi Housing Council PAC Mailing Address 1850 M Street, NW Suite 540 City State Zip Code Washington DC 20036-5816 FEC ID number of contributing federal political committee. <b>C</b> C00130773 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Election Cycle-to-Date ▼ <div style="text-align: right;">5000.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y              0 5 / 1 6 / 2 0 0 6         </div> <b>Transaction ID:</b> 60525.C6242 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) National Restaurant Assn PAC Mailing Address 1200 Seventeenth Street, NW City State Zip Code Washington DC 20036-3097 FEC ID number of contributing federal political committee. <b>C</b> C00003764 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Election Cycle-to-Date ▼ <div style="text-align: right;">10000.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y              0 5 / 1 7 / 2 0 0 6         </div> <b>Transaction ID:</b> 60525.C6243 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)

R.J. Reynolds

Mailing Address P.O. Box 718

City

Winston Salem

State

NC

Zip Code

27102-0000

FEC ID number of contributing  
federal political committee.

**C** C00042002

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60523.C6230

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Wellpoint, Inc. PAC - WELL PAC

Mailing Address 120 Monument Circle

City

Indianapolis

State

IN

Zip Code

46204-0000

FEC ID number of contributing  
federal political committee.

**C** C00197228

Name of Employer  
Qualified Multi-Candidate  
Com.

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60525.C6237

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

26500.00



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Allen Boerner

Mailing Address 2 Park Plaza, Suite 800

City	State	Zip Code
Irvine	CA	92614-0000

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Granite Investment GroupOccupation  
CEO

Receipt For: 2006

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special General  
 2005

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	0	6

Transaction ID: 60525.C6240

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Rodney F. Emery

Mailing Address 8 Beacon Bay

City	State	Zip Code
Newport Beach	CA	92660

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Steadfast CompaniesOccupation  
CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

89.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 60523.C6228

Amount of Each Receipt this Period

89.98

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Fundraiser Invitations

Full Name (Last, First, Middle Initial)

**C.** Rodney F. Emery

Mailing Address 8 Beacon Bay

City	State	Zip Code
Newport Beach	CA	92660

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Steadfast CompaniesOccupation  
CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	6

Transaction ID: 60525.C6238

Amount of Each Receipt this Period

253.95

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Fundraiser Supplies

SUBTOTAL of Receipts This Page (optional) .....

1343.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 10 / 28**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

**A.**

Full Name (Last, First, Middle Initial)

Andrew Potter

Mailing Address 6 Venture, Suite 28D

City

Irvine

State

CA

Zip Code

92618-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For: 2006

☐ Primary ☐ General

☒ Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** 60525.C6239

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

1843.93

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nat'l Republican Congressional Committee

Mailing Address 320 First Street, SE

City State Zip Code  
 Washington DC 20003-0000

FEC ID number of contributing  
federal political committee. **C** C00075820

Name of Employer  
Qualified Multi-Candidate  
Com.

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Election Cycle-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 60523.C6229

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Blast Fax

**SUBTOTAL** of Receipts This Page (optional) .....

98.00

**TOTAL** This Period (last page this line number only) .....

98.00

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 28

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Aristotle Publishing

Mailing Address 205 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003-0000

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60523.E3779

Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CREDIT CARD FEES**

Full Name (Last, First, Middle Initial)

**B.** Aristotle Publishing

Mailing Address 205 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003-0000

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60412.E3766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CREDIT CARD FEES**

Full Name (Last, First, Middle Initial)

**C.** Robert Ball

Mailing Address 225 Broadway, Suite 2220

City San Diego State CA Zip Code 92101-0000

Purpose of Disbursement  
ATTORNEY EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60523.E3778

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.23

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**ATTORNEY EXPENSES**

**SUBTOTAL** of Disbursements This Page (optional) .....

129.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. Capitol Hill Club**

Mailing Address 300 1st Street, SE

City  
Washington

State  
DC

Zip Code  
20003-0000

Purpose of Disbursement  
CA DELEGATION LUNCHEON

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3773

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CA DELEGATION LUNCHEON

Full Name (Last, First, Middle Initial)

## **B. Cingular Wireless**

Mailing Address PO Box 60017

City  
Los Angeles

State  
CA

Zip Code  
90060-0000

Purpose of Disbursement  
CELLULAR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3776

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

122.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELLULAR PHONE

Full Name (Last, First, Middle Initial)

## **C. Rodney F. Emery**

Mailing Address 8 Beacon Bay

City  
Newport Beach

State  
CA

Zip Code  
92660-

Purpose of Disbursement  
NOTE:FUNDRAISER INVITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.C6228IK

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

89.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: NOTE:FUNDRAISER  
INVITATIONS

**SUBTOTAL** of Disbursements This Page (optional) .....

412.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Rodney F. Emery

Mailing Address 8 Beacon Bay

City  
Newport Beach

State  
CA

Zip Code  
92660-

Purpose of Disbursement  
NOTE: FUNDRAISER SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60525.C6238IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

253.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: NOTE: FUNDRAISER  
SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Natl Republican Congressional Committee

Mailing Address 320 First Street, SE

City  
Washington

State  
DC

Zip Code  
20003-0000

Purpose of Disbursement  
NOTE: BLAST FAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60523.C6229IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: NOTE: BLAST FAX

Full Name (Last, First, Middle Initial)

**C.** Premier Business Centers

Mailing Address 4199 Campus Drive, #550

City  
Irvine

State  
CA

Zip Code  
92612-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60523.E3777

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN SUPPORT SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

551.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. Storage West**

Mailing Address 2892 Kelvin Avenue

City Irvine State CA Zip Code 92614-5826

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3774

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

115.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

## **B. Storage West**

Mailing Address 2892 Kelvin Avenue

City Irvine State CA Zip Code 92614-5826

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3775

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

159.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

## **C. Mr. Jim Terry**

Mailing Address 116 6th Street NE, #204

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
REIMBURSE EXPENSES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60412.E3767

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1513.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSE EXPENSES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1789.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A. Cingular Wireless**

Mailing Address PO Box 60017

City  
Los AngelesState  
CAZip Code  
90060-0000Purpose of Disbursement  
CELLULAR PHONE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	6

Amount of Each Disbursement this Period

1047.23

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: CELLULAR PHONE

**B. Orbitz**

Mailing Address 200 S. Wacker Drive, #1900

City  
ChicagoState  
ILZip Code  
60606-0000Purpose of Disbursement  
AIR TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3789

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	6

Amount of Each Disbursement this Period

466.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: AIR TRAVEL

**C. Wells Fargo Bank**

Mailing Address 4590 MacArthur Blvd.

City  
Newport BeachState  
CAZip Code  
92660-Purpose of Disbursement  
CHECK PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60523.E3780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Amount of Each Disbursement this Period

133.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CHECK PRINTING

SUBTOTAL of Disbursements This Page (optional) .....

133.44

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Wells Fargo Bank

Mailing Address 4590 MacArthur Blvd.

City  
Newport Beach

State  
CA

Zip Code  
92660-

Purpose of Disbursement  
CHECK PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60523.E3781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Amount of Each Disbursement this Period

133.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CHECK PRINTING

**SUBTOTAL** of Disbursements This Page (optional) .....

133.44

**TOTAL** This Period (last page this line number only) .....

3149.76

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 / 28

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50630.C3737

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
2 0Y Y Y Y  
2 0 0 5

20060620

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

200000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 / 28

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50823.C3898

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
0 3Y Y Y Y  
2 0 0 5

20061231

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 / 28

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50916.C4201

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
0 6Y Y Y Y  
2 0 0 5

20061231

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

10000.00

Transaction ID: LS51122.E3378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

15000.00

Transaction ID: LS51122.E3376

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Design for Mail Piece

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

3225.00

Transaction ID: LS60105.E3624

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3225.00

**1) SUBTOTALS** This Period This Page (optional).....

28225.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Radio/TV Ad Production

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

3018.10

Transaction ID: LS60105.E3625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3018.10

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

15000.00

Transaction ID: LS60105.E3626

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Design and Artwork for Ma-  
il Pieces

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

2250.00

Transaction ID: LS60105.E3627

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

**1) SUBTOTALS** This Period This Page (optional).....

20268.10

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilliard, Blanning & AssociatesNature of Debt (Purpose):  
Campaign Expenses

Mailing Address 921 11th Street, #400

City State ZIP Code  
Sacramento CA 95814-0000

Outstanding Balance Beginning This Period

3490.97

Transaction ID: LS60412.E3769

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3490.97

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Monaco Group, Inc.Nature of Debt (Purpose):  
Stationary

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code  
Placentia CA 92870-0000

Outstanding Balance Beginning This Period

2181.56

Transaction ID: LS60412.E3771

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2181.56

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Monaco Group, Inc.Nature of Debt (Purpose):  
Print Fundraising Invites

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code  
Placentia CA 92870-0000

Outstanding Balance Beginning This Period

1818.13

Transaction ID: LS60105.E3613

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1818.13

**1) SUBTOTALS** This Period This Page (optional).....

7490.66

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Monaco Group, Inc.Nature of Debt (Purpose):  
Printing Mail Piece

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code  
Placentia CA 92870-0000

Outstanding Balance Beginning This Period

10090.89

Transaction ID: LS60105.E3617

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10090.89

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Monaco Group, Inc.Nature of Debt (Purpose):  
Printing Mail Piece

Mailing Address 1000 Ortega Way, Bldg C

City State ZIP Code  
Placentia CA 92870-0000

Outstanding Balance Beginning This Period

5012.17

Transaction ID: LS60105.E3620

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5012.17

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T filka SBC CaliforniaNature of Debt (Purpose):  
Telephone

Mailing Address Payment Center

City State ZIP Code  
Van Nuys CA 91388-0000

Outstanding Balance Beginning This Period

204.48

Transaction ID: LS60105.E3630

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

204.48

**1) SUBTOTALS** This Period This Page (optional).....

15307.54

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Political Data Inc.Nature of Debt (Purpose):  
Voided Invoice

Mailing Address P.O. Box 1706

City State ZIP Code  
Burbank CA 91507-

Outstanding Balance Beginning This Period

1236.97

Transaction ID: LS60525.E3799

Amount Incurred This Period

-1236.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ms. Sara MyersNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 201 Bay Shore Avenue, #307

City State ZIP Code  
Long Beach CA 90803-0000

Outstanding Balance Beginning This Period

33890.08

Transaction ID: LS60104.E3535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33890.08

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ms. Sara MyersNature of Debt (Purpose):  
Fundraising Service Fee

Mailing Address 201 Bay Shore Avenue, #307

City State ZIP Code  
Long Beach CA 90803-0000

Outstanding Balance Beginning This Period

27559.19

Transaction ID: LS60412.E3770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27559.19

**1) SUBTOTALS** This Period This Page (optional).....

61449.27

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ms. Sara MyersNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 201 Bay Shore Avenue, #307

City State ZIP Code  
Long Beach CA 90803-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60525.E3793

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ms. Sara MyersNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 201 Bay Shore Avenue, #307

City State ZIP Code  
Long Beach CA 90803-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60525.E3794

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The KAL GroupNature of Debt (Purpose):  
Bookkeeping

Mailing Address 976 Pacific Avenue

City State ZIP Code  
Willows CA 95988-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60525.E3797

Amount Incurred This Period

689.01

Payment This Period

0.00

Outstanding Balance at Close of This Period

689.01

**1) SUBTOTALS** This Period This Page (optional).....

8689.01

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campbell for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wells Fargo Card ServicesNature of Debt (Purpose):  
Credit Card Expenses: See  
Below

Mailing Address P.O. Box 30086

City State ZIP Code  
Los Angeles CA 90030-0086

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60523.E3787

Amount Incurred This Period

736.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

736.58

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jaylene Farry, TIE ProductionsNature of Debt (Purpose):  
Campaign Support Services

Mailing Address 11442 Ann Arbor Lane

City State ZIP Code  
San Diego CA 92131-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60525.E3795

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jaylene Farry, TIE ProductionsNature of Debt (Purpose):  
Campaign for Support Serv-  
ices

Mailing Address 11442 Ann Arbor Lane

City State ZIP Code  
San Diego CA 92131-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60525.E3796

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**1) SUBTOTALS** This Period This Page (optional).....

8736.58

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Increase Strategies, Inc.

Nature of Debt (Purpose):  
Fundraising Commission

Mailing Address P.O. Box 1605

City	State	ZIP Code
Alexandria	VA	22313-0000

Outstanding Balance Beginning This Period

0.00

**Transaction ID:** LS60525.E3798

Amount Incurred This Period

3429.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

3429.60

**1) SUBTOTALS** This Period This Page (optional).....

3429.60

**2) TOTALS** This Period (last page this line number only).....

153595.76

**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)